

## AFFIDAVIT and REQUEST for ADDRESS CONFIDENTIALITY

Complete this affidavit **only** if you want your address and information about your location to be kept confidential and not released to a person (such as a parent or custodian) **who would otherwise be entitled to have information about your child support case**. CSSD will respond in writing with a decision about your request for confidentiality.

I, \_\_\_\_\_, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

1. Name of person I do not want information released to: \_\_\_\_\_ Person's relationship to me or the child: \_\_\_\_\_ CSSD case number: \_\_\_\_\_
2. This person has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child. Describe who was involved, when, where, and how it happened: \_\_\_\_\_  
\_\_\_\_\_
3. A domestic violence protective (restraining) order ☐ has ☐ has not been issued against the person. (If yes, please provide information about the case): Court case number \_\_\_\_\_ Court location \_\_\_\_\_  
Describe who was involved, when, where, and how it happened: \_\_\_\_\_  
\_\_\_\_\_
4. The person ☐ has ☐ has not been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved. (If yes, please provide information about the case): Court case number \_\_\_\_\_ Court location \_\_\_\_\_ Describe who was involved, when, where, and how it happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Other information about why I feel threatened by this person, and why I want my address kept confidential: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
My commission expires \_\_\_\_\_

**If you can't get to a notary, please sign before a witness, and have the witness complete the information below.**

I acknowledge that I know the person who signed this form is the person he or she claims to be, and that I witnessed the signature above.  
Witness's signature \_\_\_\_\_ Witness's name (please print) \_\_\_\_\_  
Witness's Social Security number (optional) \_\_\_\_\_ Witness's phone \_\_\_\_\_  
Witness's mailing address \_\_\_\_\_

CSSD main office mailing address: 550 W 7<sup>th</sup> Ave Suite 310 Anchorage AK 99501-6699